



Texas Board of Physical Therapy Examiners

333 Guadalupe, Suite 2-510 • Austin, Texas 78701-3942
512/305-6900 • 512/305-6970 fax • www.ptot.texas.gov

Compact Privilege Practice Location

Name: _____ TX Compact Privilege Number: _____

Phone: _____ Email: _____

During the time I am practicing physical therapy under a Compact Privilege in Texas, I will be practicing at the following facility(ies).

Name of Facility (1): _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone #: _____

Facility Exempt? ☐ Yes ☐ No If No, Facility Registration Number _____

EXPLANATION OF FACILITY EXEMPTION: _____

Name of Facility (2): _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone #: _____

Facility Exempt? ☐ Yes ☐ No If No, Facility Registration Number _____

EXPLANATION OF FACILITY EXEMPTION: _____

If more than 2 facilities, complete an additional form.

Signature

Submit completed form(s) to emailpt@ptot.texas.gov or fax to (512) 305-6970.